

BEST AVAILABLE COPY

MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)						SERIAL NO. 097914289		FILING DATE 27 AUG 2001		APPLICANT(S) Harland					
CLAIMS															
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*					
	IND.	DEP.	IND.	DEP.	IND.	DEP.									IND.
1			/				51								
2				/			52								
3				/			53								
4				/			54								
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44							94								
45							95								
46							96								
47							97								
48							98								
49							99								
50							100								
TOTAL IND.			2				TOTAL IND.								
TOTAL DEP.			7				TOTAL DEP.								
TOTAL CLAIMS			9				TOTAL CLAIMS								